

FOCUS

Communicating NCID's prevention and control programs for emerging and reemerging infectious diseases

Message from the Director

Dear Colleagues:

In this summer issue, I would like to mention some of NCID's print and electronic materials that can help prevent infectious diseases among travelers and even stay-at-home vacationers.

The Division of Quarantine has recently published *Health Information for International Travel, 1999-2000 (HIIT)*. Popularly known as the "Yellow Book," HIIT provides current comprehensive disease prevention information and immunization requirements for international travelers (see also CDC's Travelers' Health page: www.cdc.gov/travel).

The Division of Vector-Borne Infectious Diseases has published materials on how to avoid the tick, flea, or mosquito bites that can lead to Lyme disease, plague, and dengue fever (the latter two also in Spanish), and the Division of Viral and Rickettsial Diseases has produced a brochure on rabies (to request copies, send a fax to 404-639-4194). The Division of Parasitic Diseases has prepared guidelines on how to protect against the transmission of infectious diseases in swimming pools (www.cdc.gov/ncidod/dpd/invisible.htm). For information on preventing foodborne diseases at summer gatherings, including advice on the proper temperature for barbecued meats, see one of the Division of Bacterial and Mycotic Diseases' Web pages (www.cdc.gov/ncidod/diseases/foodborn/foodborn.htm).

We should all be aware of seasonal variations in disease risk and tailor our disease prevention efforts accordingly.

James M. Hughes
James M. Hughes, M.D.

Focus on Quarantine/Parasitic Diseases

DQ, DPD assist in health assessments of Kosovar refugees arriving in United States

Refugees fleeing Kosovo have constituted a humanitarian crisis, and two NCID divisions have been actively involved in the response and relief effort. As of July 1, 9,348 Kosovar Albanian refugees had come to the United States, either entering through New York or arriving directly in Fort Dix, New Jersey, where they were housed temporarily. The Division of Quarantine (DQ) has oversight responsibility for the health assessment required by law for all refugees and immigrants, which includes chest X-rays and screening for legally inadmissible conditions. DQ's initial team (Susan Cookson and Marty Cetron, medical epidemiologists; Wanda Hall, computer specialist programmer analyst; Pam Copelan, visa medical specialist; Don Spatz and John Bateman, quarantine inspectors [QI]; and Margaret Becker, supervisory QI, New York) traveled to Fort Dix on May 3 to prepare for the arrival of flights from Skopje, Macedonia. The Office of Emergency Preparedness, Public Health Service, arranged facilities and services to perform the health assessment, while the DQ team put procedures in place and trained physicians and other staff — all in only 2 days.

When the first group of 453 refugees arrived on May 5, Marty Cetron and Don Spatz were the first to board the airplane. (Don Spatz has since been asked to write a boarding protocol based on his work in implementing a triage sequence



Rachel Barwick, EIS officer, DPD, screened refugees for head lice in Fort Dix, N.J.

that systematically identified refugees needing immediate care.) Most refugees appeared to be in satisfactory health, according to Susan Cookson, despite the difficult conditions they had endured. Chronic diseases among the elderly and low immunization levels among the young were important problems to address because the conflict led to shortages of needed drugs and to disruptions in the vaccine cold chain.

Other DQ staff who served at Fort Dix included David Kim, medical epidemiologist, and Jataun Smith, staff assistant, headquarters; Cynthia Corsino, QI, and Katherine Isreal, quarantine assistant, Atlanta Quarantine Station; Sena Blumensaadt, QI, Chicago Quarantine Station; Perry Camagon, QI, and Joyce Elmore, QI, Miami Quarantine

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Station; Ellen De Mott, QI, and Sheryl Shapiro, QI, New York Quarantine Station; and Than Lerner, QI, San Francisco Quarantine Station.

The Macedonia team (Susan Maloney, medical epidemiologist; Terry Comans, program analyst; Liberta Pacheco, QI, Honolulu; and Frank Seawright, supervisory computer specialist) left Atlanta for Skopje on May 21 and returned on June 22. They were responsible not only for setting up a database and providing laboratory quality assurance, but also for general oversight of the medical screening process. In addition, they advised the Bureau of Population, Refugees and Migration (U.S. Department of State) and the International Organization for Migration, which provides the contract physicians who perform the physical examinations of the refugees.

Because a prevalence of head lice infestation of up to 40% was suspected among the refugees at Fort Dix, the Division of Parasitic Diseases (DPD) sent an Ectoparasite Prevention Team there (Susanna Partridge, health communicator; Amy Korman, entomologist; and



Even the youngest Kosovar refugees wore their ID badges proudly at Fort Dix.

Rachel Barwick and Renu Manjrekar, EIS Officers). The team had two objectives: 1) to assess the prevalence of head lice infestation and 2) to evaluate both the effectiveness of 1% permethrin (Nix[®]) and the extent of resistance to this insecticide. The investigation found that the prevalence of active cases was only 10% and that the treatment was highly effective in this population. The prevalence was highest in 11- to 15-year-olds and among larger families. As a result of the high compliance rate, self-treatment with insecticide-

containing shampoo proved to be as effective as supervised treatment. Ironically, the team's work was made easier by an aftermath of war: families had shaved the heads of many of the young girls in an attempt to protect them against sexual assault.

Flights from Macedonia continued through the end of June, with refugees who had already been medically screened routed to JFK Airport, where they were processed by the New York Quarantine Station staff. According to Pam Copelan, who served as liaison with the Immigration and Naturalization Service and with the Joint Voluntary Agency (JVA), an important goal for processing was to ensure that all refugees were assigned an "A number," used consistently for identification on all their records. Wanda Hall set up an outpatient database and tracking system that generated reports to the Public Health Service and JVA and provides a means for matching names with essential information (e.g., family members, laboratory reports). In addition, the system reports refugees' conditions to health departments in the states where the refugees resettled, enabling timely follow-up and treatment in their new homes. ■

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EID Laboratory Fellowship Program

Members of the fourth class of the Emerging Infectious Diseases (EID) Laboratory Fellowship Program will soon be completing their assignments at CDC or state public health laboratories. Of the 31 fellows, 23 are training fellows (bachelor's/master's level). All have worked on important projects for their 1-year assignments. For example, Jennifer Trayner, working with Patrick Lammie, Division of Parasitic Diseases (DPD), has made several trips to Haiti to study lymphatic filariasis. She is characterizing the immunologic responses correlated with lymphedema and elephantiasis. Vivek Jain, working with Roger Glass, Division of Viral and Rickettsial Diseases

(DVRD), recently returned from India, where he worked on rotavirus surveillance. LaReesa Ferdinand, working with George Carlone, Division of Bacterial and Mycotic Diseases (DBMD), is characterizing serologic responses to streptococci.

Nine training fellows have been working in state or local health departments. According to Denise Toney (Virginia Division of Consolidated Laboratories), "The state laboratories provide a unique opportunity for fellows to become actively involved in a wide variety of projects applied to public health, which include clinical laboratory diagnostics and epidemiological investigations." Her EID fellow, Kathryn Dupnik, has been instrumental in developing an RT-PCR

Fellowship Program - continued from page 2

assay for detecting and subtyping Norwalk and Norwalk-like viruses from clinical specimens. As part of this project, she has developed and validated a novel ELISA-based confirmation and viral subtyping method for the characterization of PCR amplicons.

EID's four research fellows also began their 2-year assignments in September 1998. Peter Evans is working in the Wisconsin State Laboratory of Hygiene to develop tools for assessing the prevalence of agents of gastrointestinal tract diseases; Kimberlee Musser is working in the New York State Department of Health to develop new PCR assays; Annette Schwartz, working in DVRD, is using mouse and rabbit animal models to investigate the link between atherosclerosis and *Chlamydia pneumoniae* infection; and Lisa Kelly, working in the Hepatitis Branch, DVRD, is researching a new isothermal DNA-amplification method with broad applications beyond viral hepatitis.

In 1998, an international fellowship was added to the program through an educational grant from Eli Lilly

and Company, working with the CDC Foundation. Besides training, the goal of this fellowship is to foster ongoing professional relationships among infectious disease scientists worldwide. Four international scientists were recruited this first year: Natalia Makarova (Russia AIDS Center) is working with Errol Reiss, DBMD; Jaana Vuopio-Varkila (National Public Health Institute, Finland) is working with Fred Tenover, Hospital Infections Program; Dovile Vaisviliene (Centre for Communicable Disease Prevention and Control, Lithuania) is working with Ronald Laessig, Wisconsin State Laboratory of Hygiene; and Nguyen Thi Tuyet Nga (National Institute of Hygiene and Epidemiology, Vietnam) is working with Howard Fields, Hepatitis Branch, DVRD.

Dr. Fields believes the EID Laboratory fellowship program gives highly qualified young scientists the opportunity to work on important public health projects. The next class of EID laboratory fellows will begin their assignments in September 1999. ■

IDEA Place

Distance-based learning

Distance learning (DL) is an effective form of education because it brings training to the learner rather than bringing the learner to the training. It provides training at less cost per person, to more students, in less time, and with less interruption of students' work and personal schedules.

DL is characterized by a separation in place, time, or both between instructor and learner, among learners, and between learners and learning resources (such as printed materials, audiotapes, videotapes, computer-based instruction, audio conferences, satellite conferences, and the Internet).

DL programs have numerous benefits: they resolve barriers to training (e.g., time away from the job, travel restrictions); promote relationships among colleagues and communities; create more opportunities to exchange experience and information; and provide a vehicle for disseminating information, updating scientific knowledge, and transferring technical skills.

NCID's successful DL projects include the Division of Viral and Rickettsial Diseases' satellite conference, "Hantavirus Pulmonary Syndrome Clinical Update, 1999" (May 27), and the Division of Parasitic Diseases' Web-based laboratory training program, "DPDx" (www.dpd.cdc.gov/dpdx). Other Web-based training is under way, including the adaptation of training CD-ROMs and videos to the Internet. Continuing education credits can be offered for both print and Internet materials such as HIP's "Guidelines for the Prevention of Surgical Site Infections" (www.cdc.gov/ncidod/hip). For more information, contact NCID's training coordinator, Valerie Curry, 404-639-3769. ■



Laboratory fellows gather for their "class photo" on the steps of Building 16, Roybal Campus.

Focus on Viral and Rickettsial Diseases

NCID joins in emergency response to outbreaks caused by Nipah and Marburg viruses

NCID investigative teams recently assisted in efforts to control outbreaks associated with two lethal emerging pathogens: the Nipah virus in Malaysia and Singapore and the Marburg virus in the Democratic Republic of Congo (DRC).

In March and April, NCID teams traveled to Malaysia and Singapore to help with the public health response to outbreaks of febrile encephalitic and respiratory illnesses among persons who had contact with pigs. As of June 18, local officials had identified 265 cases (including 105 deaths) in Malaysia and 11 cases (one death) in Singapore.

The outbreak, which apparently began in northern Malaysia in December 1998, was first thought to be associated with Japanese encephalitis virus, a mosquito-borne flavivirus found in Asia and western Pacific islands. Laboratory testing and DNA sequencing studies at CDC showed that most cases were caused by a previously unrecognized paramyxovirus, called Nipah virus, that is closely related to Hendra virus (formerly known as equine morbillivirus). Nearly all cases have occurred among persons who had close contact with pigs. CDC investigators are collaborating with local health officials and scientists on various epidemiologic, pathologic, and virologic studies of Nipah virus disease. NCID

personnel who participated in the field investigations were, in Malaysia, Debi Cannon, Paul Kitsutani, Thomas Ksiazek, James Mills, Tony Mounts, James Olson, Umesh Parashar, Patrick Stockton, Kathy Veilleux, and Sherif Zaki, Division of Viral and Rickettsial Diseases (DVRD), and Michael Bunning, Division of Vector-Borne Infectious Diseases; and, in Singapore, Paul Arguin and David Shay, DVRD. The international team also included scientists from Australia, including the CSIRO Australian Animal Health Laboratory (AAHL) and the Queensland Department of Primary Industries; collaborative studies of Nipah virus as well as clinical materials from humans and animals are continuing at the CSIRO/AAHL in Geelong and the



Patrick Stockton (center), DVRD microbiologist, consults with researchers from the Institute of Medical Research in Malaysia and from Singapore General Hospital during the outbreak of Nipah virus disease.

CDC laboratories in Atlanta.

In a separate investigation, Daniel Bausch and Pierre Rollin, DVRD, traveled to northeastern DRC in May to join an international scientific team investigating an outbreak of suspected viral hemorrhagic fever among gold miners in Durba. Between January and June, 74 suspected cases (including 63 deaths) were reported to local health officials, mostly among the miners. As of July 14, eight cases had been confirmed as Marburg hemorrhagic fever, a rare and often fatal disease that was first recognized in 1967. Drs. Bausch and Rollin conducted an epidemiologic assessment, obtained serum samples, and helped set up a local surveillance program. All laboratory analyses are being carried out in collaboration with the National Institute of Virology in South Africa and the Danish Pest Infestation Laboratory.

Marburg virus, a relative of Ebola virus, is transmitted to humans after contact with infected animals or animal tissues, and from person to person by close contact with infected patients and their body fluids. The natural reservoirs of Marburg and Ebola viruses are unknown. The laboratory-confirmed cases in DRC are the first known cases of Marburg hemorrhagic fever

Decline in Reye syndrome called "a public health triumph"

The annual number of U.S. cases of Reye syndrome (RS) has declined dramatically since 1980, according to a recent report by DVRD scientists (*N Engl J Med* 1999;340:1377-1382). The findings were reported by Ermias Belay, Joseph Bresee, Robert Holman, Ali Khan, Abtin Shahriari, and Lawrence Schonberger. An editorial accompanying their report called the decline "a public health triumph."

RS is a severe neurologic and hepatic disorder that usually develops after certain viral infections and occurs almost exclusively among children

who have taken aspirin.

The authors examined data on 1,207 cases of RS reported to CDC from 1981 through 1997. After a peak of 555 documented cases in 1980, the number of cases declined rapidly, and since 1987, fewer than 37 cases have been reported each year. Most patients had a viral illness during the 3 weeks before the onset of RS, and 82% of those tested after onset of RS had detectable blood salicylate levels. Nearly one-third of the identified patients died.

Twenty years ago RS was more common and often was reported in

groups of children during outbreaks of influenza or chickenpox. In 1980, CDC began cautioning parents and physicians about a possible association between RS and the use of aspirin to treat children with chickenpox or influenza-like illnesses.

"The timely dissemination of preventive messages to parents and health care providers played a critical role in raising the public's awareness of this problem and ultimately in reducing the illness and death caused by RS," said Dr. Belay. ■

Focus on Arctic Investigations

Ken Petersen retires from AIP

Ken Petersen, M.D., chief of the Epidemiology Branch, Arctic Investigations Program (AIP), retired in June after 30 years of service as a Commissioned Corps Officer with the Indian Health Service and CDC. Dr. Petersen's career is most notable for accomplishments in reducing infectious disease morbidity and mortality among Alaska Natives. His work has shaped disease control policy and other public health initiatives in Alaska.

At AIP, Dr. Petersen has provided leadership in programs focused on preventing important infectious diseases among Alaska Natives, including those caused by hepatitis B virus, *Haemophilus influenzae* type b, respiratory syncytial virus, and *Helicobacter pylori*. He has led interventions designed to limit the emergence of drug-resistant bacteria in rural Alaska, including an ongoing study that was the first to show that community education can reduce both antibiotic use and community



Ken Petersen enjoying a traditional Alaska Native food.

carriage of resistant *Streptococcus pneumoniae*.

Before joining AIP in 1994, Dr. Petersen dedicated over 20 years to the Alaska Native Medical Center

(ANMC) in Anchorage, serving as chief of pediatrics for 12 years and as medical director for 6 years. During his tenure at ANMC, he established pediatric specialty clinics in rural Alaska as well as the Alaska Native Children's Immunization Program, which has dramatically reduced pediatric illnesses and deaths caused by vaccine-preventable diseases.

Dr. Petersen is a co-founder of the Community Health Aide Training Center in Anchorage. Community health aides (CHAs) are village

residents who are the primary providers of health care in rural Alaska. They attend an initial 10-week course and receive periodic updates at the training center. The principles developed by Dr. Petersen for the CHA program serve as a model for health care delivery in underserved populations.

When Dr. Petersen first came to Alaska in 1973, he intended to stay only for a 1-year fellowship. "Twenty-six years later, his accomplishments have had a profound positive impact on the health of Alaska Natives," according to AIP Director Jay Butler. "Everywhere Dr. Petersen travels in Alaska, he is enthusiastically greeted by appreciative parents, former patients, students, and health aides. His cheerful and gentle demeanor, along with his great sense of humor, will be missed by patients and colleagues alike." Dr. Petersen's retirement plans include spending time in Alaska, Washington, and the Boundary Waters Canoe Area Wilderness in northern Minnesota. ■

Focus on Bacterial and Mycotic Diseases

ASM symposium celebrates 50-year history of NCID's Enteric Bacteriology Laboratory

The American Society for Microbiology (ASM) celebrated the 100th anniversary of its founding at its 99th general meeting, held in Chicago from May 30 to June 3. As part of the anniversary programs, NCID Director James Hughes, Jim Farmer, Enteric Reference Laboratory, Division of Bacterial and Mycotic Diseases (DBMD), and Stanley Falkow, Stanford University School of Medicine, chaired a symposium celebrating "50 Years of Enteric Bacteriology" and the founding of the Enteric Bacteriology Laboratory on July 1, 1948. The Enteric Bacteriology Laboratory was the first of

many laboratories established in the early days of CDC which together eventually became known as the Bureau of Laboratories. The symposium was dedicated to the memory of P.R. Edwards and W.H. Ewing, the laboratory's founders.

The first speaker, Dr. Farmer, summarized the history of the laboratory with photographs from its early days. The next five speakers described some of the most important enteric pathogens. Jim Kaper, University of Maryland School of Medicine, described *Escherichia coli* and W.H. Ewing's role in making microbiologists and physicians in the

United States aware that strains of *E. coli* could cause serious outbreaks of diarrhea among infants. Nancy Strockbine, DBMD, discussed *Shigella*, and the laboratory's role as the World Health Organization's International *Shigella* Center. Dr. Falkow spoke on *Salmonella* and *Yersinia* and recounted how W.H. Ewing helped recruit Don Brenner to be the fourth chief of the laboratory. J. Glenn Morris, University of Maryland School of Medicine, described *Vibrio cholerae* and other *Vibrio* species and the laboratory's role in discovering new species and in

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Partners in Prevention

The Partnership for Food Safety Education was formed in 1997 in response to an independent panel report calling for a public-private partnership of industry, government, and consumer groups to help reduce the incidence of foodborne illness by educating Americans about safe food-handling practices.



Although the United States has one of the safest food supplies in the world, preventing foodborne illness remains a major public health challenge. The Partnership developed the Fight BAC!™ public education campaign in conjunction with the President's National Food Safety Initiative to simplify and provide useful information about safe handling of all foods.

The goal of the Fight BAC!™ campaign is to educate consumers on four simple steps they can take to control foodborne bacteria and reduce their risk of foodborne illness:

- Cook--cook foods to proper temperatures.
- Clean--wash hands and surfaces often.
- Chill--refrigerate promptly.
- Separate--don't cross-contaminate.

Materials created to help disseminate these messages include a "BAC" character, a food safety graphic, television and radio public service announcements, a supermarket kit, a community action kit, a presenter's guide for grades K-3, and classroom curriculum materials for grades 4-6. To learn more about the Partnership and the Fight BAC!™ campaign, contact Julia Smith (zrc2@cdc.gov) or visit the Fight BAC!™ Web site (<http://www.fightbac.org>). ■

Focus on Hospital Infections

"Bioterrorism Readiness Plan" developed for health care facilities

A readiness plan that will help hospitals and other health care facilities respond to a bioterrorism attack has been developed through a collaborative effort of the Association for Professionals in Infection Control and Epidemiology (APIC) and CDC's Hospital Infections Program (HIP).

Because of a sudden influx of patients, health care facilities may be the first to recognize a bioterrorism event and may be among the most burdened public health sectors in responding to such an event.

The document, entitled "Bioterrorism Readiness Plan: A Template for Healthcare Facilities," is designed to help infection control professionals and health care epidemiologists develop practical and realistic response plans for their individual institutions in preparation

for a real or suspected bioterrorism attack. The plan is posted on the APIC Web site (www.apic.org) and on the HIP Web site (www.cdc.gov/ncidod/hip).

The document was prepared by members of the APIC Bioterrorism Task Force (Judith English, Mae Cundiff, John Malone, and Jeanne Pfeiffer) and members of HIP's Bioterrorism Working Group (Michael Bell, Lynn Steele, and Michael Miller).

Four specific diseases are described in the document: anthrax, botulism, plague, and smallpox. Instructions for developing plans to respond to each are provided. The document also includes an overview of infection control issues when dealing with bioterrorism, a section on laboratory policies, and a section on dealing with public inquiries. ■

New guideline targets prevention of infections that occur during surgery

The "Guideline for Prevention of Surgical Site Infection, 1999," developed by the Hospital Infections Program (HIP) and the Hospital Infection Control Practices Advisory Committee (HICPAC), was recently published in three journals: *American Journal of Infection Control*, *Infection Control and Hospital Epidemiology*, and *Journal of Surgical Outcomes*. Surgical site infections (SSIs) are the third most commonly reported type of hospital infection and account annually for nearly 300,000 infections and over 10,000 deaths among hospital patients.

The guideline presents evidence-based recommendations for SSI prevention; provides an extensive review of the epidemiology, definitions, microbiology, pathogenesis, and surveillance of SSIs; and provides a detailed discussion of the preoperative, intraoperative, and postoperative issues

relevant to SSIs. The authors of the guideline include Alicia Mangram, Teresa Horan, Michele Pearson, Christy Silver, William Jarvis (all HIP), and HICPAC.

The guideline provides readers with continuing education credit (continuing medical education, continuing education unit, and continuing nursing education) but also establishes a database of persons who can later be asked about practice improvements made as a result of reading the guideline.

The guideline and continuing education materials are available on HIP's Web site (www.cdc.gov/ncidod/hip) or by writing to SSI Guideline Evaluation Activity, Hospital Infections Program, Mailstop E-69, CDC, 1600 Clifton Rd., N.E., Atlanta, GA 30333. The deadline for applying for continuing education credit is April 15, 2000. ■

NEWS BRIEFS

Jean Smith receives Pekka Halonen Award

Jean Smith, Viral and Rickettsial Zoonoses Branch (VRZB), Division of Viral and Rickettsial Diseases (DVRD), received the 1999 Pekka E. Halonen Award on May 5 for outstanding career achievements in rabies diagnostics. Among her early accomplishments was the development in 1973 of the rapid fluorescent focus inhibition assay, a test that remains the accepted standard for rabies serology. Her



Jean Smith (center), Halonen Award recipient for her work in the diagnosis of rabies, is joined by (L-R) DVRD Director Brian Mahy, Rabies Section Chief Charles Rupprecht, DVRD Deputy Director Rima Khabbaz, and VRZB Chief James Childs during the award ceremony May 5.

more recent work with monoclonal antibodies, rabies virus typing, and molecular and genetic sequencing methods "has significantly influenced our concepts in molecular epidemiology and rapid diagnostics of suspected rabies cases on a global scale," according to Charles Rupprecht, chief of DVRD's Rabies Section.

Viral and Rickettsial Zoonoses Branch chief chosen

James Childs has been named chief, VRZB, DVRD. Dr. Childs will oversee the activities of the branch, which carries out programs designed to prevent viral and rickettsial zoonoses, including rabies, ehrlichiosis, spotted fever, typhus, and *Bartonella*-associated diseases. He joined CDC in 1992 as chief of the Epidemiology Section, VRZB, after serving on the faculty of the School of Hygiene and Public Health, Johns Hopkins University. Dr. Childs has received numerous professional awards, including the HHS



Secretary's Award for Distinguished Service in 1993, 1996, and 1998, and has coauthored more than 150 scientific papers about viral and bacterial zoonoses.

Richard Facklam presented Walter Dowdle Award

Richard Facklam is this year's recipient of the CDC Chapter of Sigma Xi's Walter Dowdle Award for Achievement in Public Health. Dr. Facklam, chief of the Streptococcus Laboratory, Respiratory Diseases Branch, Division of Bacterial and Mycotic Diseases, has worked at CDC for 33 years. He has authored or coauthored more than 100 publications addressing such public health concerns as the spread of drug-resistant *Streptococcus pneumoniae*, efficacy of pneumococcal vaccines, emergence of streptococcal toxic-shock-like syndrome, and vancomycin resistance of gram-positive cocci. This award was established by the CDC Chapter of Sigma Xi in 1995 to honor CDC scientists who have made significant contributions to public health.

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working with epidemiologists to help define these species' roles in human infections. Martin Blaser, Vanderbilt University School of Medicine, presented a history of *Campylobacter* and *Helicobacter* and described the role of Elizabeth King of CDC's Special Bacteriology Laboratory in discovering the pathogenicity of these organisms. Two of the non-CDC speakers noted the work of Dannie Hollis, who worked for many years in the Special Bacteriology Laboratory and was the first to recognize the enteric pathogen later named for her, *Vibrio hollisae*. ■



Current staff of the Foodborne and Diarrheal Diseases Laboratory Section. Throughout most of the laboratory's history, the staff has consisted of eight to ten people. Recent reorganizations and congressional mandates on emerging infectious diseases and food safety have greatly expanded the responsibilities of the laboratory; the staff now numbers 62.

Photo: Troy Hall

News Makers

Awards

Fred Angulo, DBMD, was awarded the James H. Steele Veterinary Public Health Award at the April EIS conference for his "outstanding contributions in investigation, control, and prevention of zoonotic diseases or other animal-related human health problems."

Thomas Breuer, EIS '97, DBMD, won the Outstanding Poster Presentation at the 1999 EIS conference for his poster: "Cold breakfast cereal: A new vehicle implicated in a multi-state outbreak of *Salmonella* Agona infections." Coauthors were Mary Evans, P. Amornkul, Nina Marano, Nancy Bean, Tim Barrett, Joy Wells, C. Austin, David Swerdlow, and the Outbreak Investigation Team.

Katherine Robinson, DBMD, received HHS Secretary's Employee of the Month Award for March 1999 for her "exceptional performance in improving the Active Bacterial Core Surveillance by introducing a quality control program to achieve outstanding



collaboration and performance from surveillance personnel."

Staff Changes

John Bateman is a new quarantine inspector at DQ's New York Quarantine Station. He was formerly with the National Center for HIV, STD, and TB Prevention in Long Beach, California.

Rosa Caba has joined DQ's Miami Quarantine Station as a senior clerk.

David Kim, medical epidemiologist has joined the DQ headquarters staff. He was previously in the Vessel Sanitation Program, National Center for Environmental Health.

Retirements

Jim Cook, Hepatitis Branch, DVRD, retired on March 31, 1999, after 30 years of service at CDC.

Carlisle Quantrell, Hepatitis Branch (Epidemiology Section), DVRD, retired on March 31, 1999, after 23 years of service at CDC.

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